

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

**09/914975**

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2	1					
3	1					
4	1					
5	1					
6	1					
7	1					
8	1					
9		1				
10		1				
11		1				
12		1				
13		5				
14	1					
15		1				
16	1					
17	1					
18	1					
19	1					
20		1				
21		3				
22		1				
23		1				
24	1					
25	1					
26	1					
27	1					
28	1					
29	1					
30	1					
31	1					
32	1					
33	1					
34	1					
35		1				
36		2				
37	1					
38		1				
39		①				
40	1					
41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	26					
TOTAL DEP.		21				
TOTAL CLAIMS	48					

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
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97						
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99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS